

LEGAL FUNDING APPLICATION

Please return completed application via fax to (866) 312-4560 or email to intake@thrivestlink.com

All information is confidential

Claimant Information

Name _____ Email _____
 Address _____ Birthdate _____
 City, St, Zip _____ Phone _____ 2) _____
 Soc. Sec. # _____
 Liens Medical/Letters of Protection \$ _____ Child Support \$ _____ Taxes \$ _____ Housing \$ _____
 Amount Requested\$ _____ Previous Funding Y / N From? _____ In Bankruptcy? Y / N

Attorney Information

Attorney _____ Email _____
 Paralegal/Ass't _____ Phone _____
 Firm Name _____ Fax _____
 Address _____ City, St, Zip _____

Lawsuit Information

Case Type <input type="checkbox"/> MVA <input type="checkbox"/> Slip & Fall <input type="checkbox"/> Med Malpractice <input type="checkbox"/> 3 rd Party Worker's Comp <input type="checkbox"/> Other _____			
Insurance Company _____	Coverage Amt _____	Date of Incident _____	_____
Defendant Name _____	Complaint Filed Y / N _____	Case Status _____	_____
Incident Location: City _____ County _____ State _____	Docket # _____	_____	
Documentation Showing Defendant Liability: Police Report? Y / N Incident Report? Y / N Photos? Y / N Other? _____			
Accident Details:			
Potential comparative negligence? Y / N _____			
Description of injuries, treatment & surgeries, if any. 			
Pre-existing injuries _____	Medical Bills to Date (\$) _____	_____	
Auto / Property Damage (\$) _____	Auto Make/Year _____	_____	
Settlement Offered Y/N _____	Approx Case Value _____	Low\$ _____	High \$ _____
Estimated Settlement Date _____	_____		
Any Additional Information? 			